Connecticut Department of F	Public Health Drinki	ng Water Sec	tion
Water Quality Monitor	ring and Compliance	e Schedule	
PWS ID PWS Name			er Type Primary Source
CT0949073 NEWINGTON VA MEDICAL CENTER-BUILDING 2	PE NTNC	335	F SWP
Local Address (where applicable)	ervice Residential Comme	ercial Industrial C	ombined Agricultural
555 WILLARD AVE	onnections 1		
Towns Served: NEWINGTON			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 routi	ne (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)			(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/18 - 12/31/18		Complete
	1/1/19 - 6/30/19		
	7/1/19 - 12/31/19		
Physical Parameters (PPS)			ne (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Monthly Water System Facility	y (WSF) Level Monitorir	ng Requiremen	ts
Water System Facility: TREATMENT PLANT (WSFID: 0070	00)		
Analyte Monitoring Requirement (Summary	Type) Operating Limit	Sa	amples Req/Month
Phosphate (as PO4) Entry Point Phosphate Monitoring (PHOS) Minimum: 0.3 N	/IG/L	2
Start Date: 12/1/2013	Compliance History:	Operating Limit	Monitoring
		Compliance Status:	Compliance Status:
	11/1/2018 - 11/30/2018		N
	12/1/2018 - 12/31/2018		N
	1/1/2019 - 1/31/2019		N
	2/1/2019 - 2/28/2019		N
	3/1/2019 - 3/31/2019		
	4/1/2019 - 4/30/2019		
Other Cor	npliance Schedules		
Compliance Schedule Activity	Due Date	Achieved De	ate

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

3/1/2018 3/1/2020

CROSS CONNECTION SURVEY REPORT

CROSS CONNECTION SURVEY REPORT

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule									
PWS ID	S ID PWS Name				ssification	Population	Owner Type	Primary Source		
СТ0949073	NEWINGTON VA MEDICAL CENTER-BUILDING	6 2E			NTNC	335	F	SWP		
Local Address (v	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural			
555 WILLARD A	Connections			1						

Towns Served: NEWINGTON

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description		Total Coliform Rule	Lead and Copper	Achastas	Stage WQP 2 DBPF		
			•	Status			ASDESIOS	WQP 2 DBPI		
00600	DISTRIBUTION SYSTEM	2E-1103	BLDG #2E 1ST FLOOR	Α	Υ	2				
		2E-2113	BLDG #2E 2ND FLOOR	Α	Υ	2				
		2E-4111	BLDG #2E EXEC DINING	Α	Υ	2				
		2E-B130	BLDG #2E BASEMENT	Α	Υ	2				
		2E-B130A	2E-B130A	Α	Υ					
		2E-B131A	2E-B131A	Α	Υ					
		2E-B135B	BLDG #2E PO4/ZN	Α	Υ	2	Υ			
		4	DISTRIBUTION SYSTEM	Α	Υ	2				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	TREATMENT PLANT	3	TREATMENT PLANT	Α						
58542	INTERCONNECTION - (MDC)									

INTERCONNECTION - (MDC)

Mailing Address Line One

Extension

6952

Contact Role(s): Administrative Contact

Fax

860-666-6832

555 Willard Avenue

Business Phone

860-666-6951

			Certifi	ed Operate	or Information	١			
Water System Fac	ility: TREAT	MENT PLA	NT (WSF I	D: 00700)					
Facility Classification	n: CLASS 1 TR	EATMENT P	LANT						Certification
Operator Name			Operator	Туре	Certification(s)				Expiration
HARKINS, STUART A. CHIEF			CHIEF OPER	RATOR	WATER TREATMEN	IT PLANT	OPERATOR -	CLASS II	6/30/2019
					DISTRIBUTION SYSTEM OPERATOR - CLASS III			SS III	6/30/2019
WITTENZELLNER, ROBERT ASSIGNE			ASSIGNED (OPERATOR	WATER TREATMEN	IT PLANT	OPERATOR -	CLASS III	9/30/2021
				DISTRIBUTION SYST		STEM OPERATOR - CLASS III			6/30/2019
			C	Contact Info	ormation				
Name				Organization				Job Title	
Mr. Alfred Montoya	9			Va CT Health	care System	Assitant Director			
Mailing Address Line	e One		Mailing Add	dress Line Two			City	State	Zip Code
555 Willard Avenue						Newingt	on	СТ	06111
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Ac	ddress		
860-666-6785		860-667-6	5764		203-500-2983 alfred.montoya@va.gov		gov		
Contact Role(s): Le	gal Contact		·						
Name				Organization			Job Title		
Mr. Daniel T. Wood			Va CT Healthcare System			Gems Program Manager			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

City

Daniel.Wood2@VA.gov

Newington

Emergency Phone Email Address

475-355-5029

State

CT

Zip Code

06111

Mailing Address Line Two

Mobile Phone

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water quanty monitoring and compliance beneaute									
PWS ID	PWS ID PWS Name			Classification		Population	Owner Type	Primary Source		
СТ0949073	073 NEWINGTON VA MEDICAL CENTER-BUILDING 2E				NTNC	335	F	SWP		
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural		
555 WILLARD AVE		Connections								
								· · · · · · · · · · · · · · · · · · ·		

Towns Served: NEWINGTON

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	cticut Department of Pu			ction
	Water Quality Monitor	ing and Complianc	e Schedule	
PWS ID PWS Name		Classificati	on Population Owne	er Type Primary Source
CT0949053 NEWINGTO	ON VA MEDICAL CENTER-BUILDING 1	NTNC	110	F SWP
Local Address (where applic	cable) Ser	rvice Residential Comm	ercial Industrial C	Combined Agricultural
555 WILLARD AVE	Со	nnections 1		
Towns Served: NEWINGTON	N .			<u> </u>
	Monitorir	ng Requirements		
Water System Facility:	DISTRIBUTION SYSTEM (WSF ID: 0	0600)		
Asbestos (1094)			1 routine	(RT) per nine years
Sampling Point (Samp	ling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory	of Active Sampling Points	1/1/11 - 12/31/19		
		1/1/20 - 12/31/28		
Total Coliform (3100)			1 rout	ine (RT) per quarter
Sampling Point (Samp	ling Point ID)	Monitoring Period	Collection Period	Compliance Status
	of Active Sampling Points	10/1/18 - 12/31/18		Complete
,	. 0	1/1/19 - 3/31/19		Complete
		4/1/19 - 6/30/19		Complete
		7/1/19 - 9/30/19		
Lead And Copper (PBCU		.,,_,_, .,,,,,	5 routine	(RT) per six months
Sampling Point (Sample	•	Monitoring Period	Collection Period	Compliance Status
	of Active Sampling Points	7/1/18 - 12/31/18		Complete
Sciect from inventory (or Active Sumpling Forms	1/1/19 - 6/30/19		Complete
		7/1/19 - 12/31/19		
Physical Parameters (PF	nc)	7/1/19 - 12/31/19	1 rout	ine (RT) per quarter
Sampling Point (Samp		Monitoring Period	Collection Period	Compliance Status
	of Active Sampling Points	10/1/18 - 12/31/18	Conection Period	
Select from filventory (of Active Sampling Points			Complete
		1/1/19 - 3/31/19		Complete
		4/1/19 - 6/30/19		Complete
		7/1/19 - 9/30/19		
Mon	thly Water System Facility	(WSF) Level Monitori	ng Requiremen	ts
Water System Facility: T	REATMENT PLANT (WSFID: 00700	0)		
Analyte	Monitoring Requirement (Summary 7	Type) Operating Limit	t S	amples Req/Month
Phosphate (as PO4)	Entry Point Phosphate Monitoring (Pl	HOS) Minimum: 0.3	MG/L	2
Start Date: 12/1/2013		Compliance History:	Operating Limit	Monitoring
		Monitoring Period	Compliance Status:	Compliance Status:
		11/1/2018 - 11/30/2018		N
		12/1/2018 - 12/31/2018		N
		1/1/2019 - 1/31/2019		N
		2/1/2019 - 2/28/2019		N
		3/1/2019 - 3/31/2019		
		4/1/2019 - 4/30/2019		
	Other Com	pliance Schedules		
Compliance Schedule Activi	ity	Due Date	Achieved D	ate

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3/1/2019 3/1/2020

CROSS CONNECTION SURVEY REPORT

CROSS CONNECTION SURVEY REPORT

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name			Clas	ssification	Population	Owner Type	Primary Source	
CT0949053 NEWINGTON VA MEDICAL CENTER-BUILDING 1				NTNC	110	F	SWP	
Local Address (v	Service	Residen	tial Commerci		al Industri	al Combine	ed Agricultural	
555 WILLARD AV	/E	Connections			1			

Towns Served: NEWINGTON

	Wate	r System Facili	ty and Sampling P	oint Ir	vento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	1-305	BLDG 1/3RD FLOOR	Α		2		
		1-414B	BLDG 1/4TH FLOOR	Α		2		
		1-416B	1-416B	Α	Υ	2		
		1-509	BLDG 1/5TH FLOOR	Α		2		
		1N-169	1N-169	Α	Υ			
		1N-305	1N-305	Α	Υ			
		1N-414A	1N-414A	Α	Υ			
		1S-166	BLDG #1 PO4/ZN/1FL	Α	Υ	2	Υ	
		1S-178	BLDG1 PO4/ZN	Α	Υ	2	Υ	
		1S-272	BLDG 1/2ND FLOOR	Α		2		
		4	DISTRIBUTION SYSTEM	Α				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		IN-305	IN-305	Α	Υ			
		IN-414A	IN-414A	Α	Υ			
		IN-509	IN-509	Α	Υ			
		IS-169	IS-169	Α	Υ			
		IS-272	IS-272	Α	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	TREATMENT PLANT	3	TREATMENT PLANT	Α				
E0E12	INITEDCONNECTION (MDC)							

58542 INTERCONNECTION - (MDC)

Certified Operator Information

ı	Water System Facility:	TDEATMENT DI ANT	(MCE ID: 00700)
ı	Water System Facility.	I K F A I WIF N I PI A N I	(W/ZE II), (I(I)/(I(I)

Facility Classification: CLASS 1 TREATMENT PLANT						
Operator Name	Operator Type	Certification(s)	Expiration			
HARKINS, STUART A.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2019			
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2019			
WITTENZELLNER, ROBERT	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS III	9/30/2021			
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2019			

	Co	ontact Information				
Name		Organization	Job Title			
Mr. Alfred Montoya	Va CT Healthcare System	Assitant Director				
Mailing Address Line One	Mailing Addı	ress Line Two		City	State	Zip Cod

555 Willard Avenue				Newington	СТ		
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-666-6785		860-667-6764		203-500-2983	alfred.montoya@va.gov		

Contact Role(s): Legal Contact

06111

(Connecticut Department of Public Health Drinking Water Section													
	Wa	ter Qua	lity M	onite	oring ar	nd Con	nplia	ince S	chedul	le				
PWS ID F	PWS Name						Classi	Classification P		Owner Type	Primary Source			
CT0949053	JILDING	ING 1			ΓNC	110	F	SWP						
Local Address (wh		Service	Resider	ntial Co	ommercia	al Industri	al Combin	ed Agricultural						
555 WILLARD AVE					Connection	S		1						
Towns Served: NE	WINGTON								1	'	-			
Name				Or	Organization				Job Title					
Mr. Daniel T. Wo	od			Va	Va CT Healthcare System				Gems Program Manager					
Mailing Address L	ine One		Mailing A	Address	Line Two			City		State	Zip Code			
555 Willard Avenu	ıe							Newing	gton	СТ	06111			
Business Phone	Extension	Fax		Mobil	e Phone	Emergenc	nergency Phone		e Email Address					
860-666-6951	6952	860-666-	6832			475-355	-5029	Daniel.	Daniel.Wood2@VA.gov					
Contact Role(s):	Administrative	Contact												

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source				
СТ0949063	NEWINGTON VA MEDICAL CENTER-BUILDIN	G 2C			NTNC	80	F	SWP				
Local Address (v	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural				
555 WILLARD A	VE	Connections			1							

Towns Served: NEWINGTON

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Orthophosphate (1044)		2 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION SYSTEM (4)	7/1/18 - 12/31/18		Complete
	1/1/19 - 6/30/19		
	7/1/19 - 12/31/19		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Alkalinity (1927)		2 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION SYSTEM (4)	7/1/18 - 12/31/18		Complete
	1/1/19 - 6/30/19		
	7/1/19 - 12/31/19		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/18 - 12/31/18		Complete
	1/1/19 - 6/30/19		
	7/1/19 - 12/31/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Water System Facility: TREATMENT PLANT (WSF ID: 00700)			
Lead And Copper (PBCU)		1 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
TREATMENT PLANT (3)	7/1/18 - 12/31/18		Complete

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	Conne	cticut Dep	artmer	it of	Public H	ealth	D	rinking	z W	<i>l</i> ater	Se	ection		
		Water Qua												
PWS ID	PWS Nam				011118	7 0011	_		_			ner Type F	Primary Source	
CT0949063	NEWINGT	ON VA MEDICAL	CENTER-BU	ILDIN	G 2C			NTNC		80		F	SWP	
Local Address (v	where appli	cable)			Service	Residen	itial	Commerci	ial	Industri	al	Combined	d Agricultural	
555 WILLARD A	VE				Connections			1						
Towns Served: I	NEWINGTO	N												
Water System	Facility: 1	TREATMENT PLA	ANT (WSF	ID: 00	700)									
Analyte		Monitoring Req	uirement (Summ	ary Type)	Оре	rati	ng Limit				Samples F	Req/Month	
Orthophosp	hate	Entry Point Phos	sphate Mon	itorin	g (PHOS)	Min	imu	m: 1.5 MG	/L				2	
Start Date:	7/6/2018				Complia	nce Hist	ory:	Or	oera	ting Lim	it	Monito	ring	
					Monitor	ing Perio	d			iance St			ance Status:	
					11/1/20	18 - 11/3	0/20	018					N	
					12/1/20	18 - 12/3	1/20	018					N	
					1/1/2019	9 - 1/31/	2019	9					N	
	2/1/2019 - 2/28/2019 N													
					3/1/201									
	4/1/2019 - 4/30/2019													
			Oth	er C	ompliance	Sched	dule	es						
Compliance Sch	edule Activ	vity					Due	Date		Achie	ved	Date		
CCTS 6: PWS M	ONITOR AFT	TER OCCT INSTALL	_											
CROSS CONNEC	TION SURV	EY REPORT					3/1/	/2018						
CCTS 1: PWS TO	RECOMME	END OCCT						1/2018				018		
SWTS 1: PWS TO								1/2018		8/2				
		PPROVAL OF SOW						/2019				018		
		PROVAL OF OCCT	•					/2019		6/2	0/2	018		
CROSS CONNEC								/2020						
CCTS 2: DWS RE	VIEW & AP	PROVAL OF OCCT					_	/2020		6/2	0/2	018		
			Public	Not	ification R	equire	eme	ents						
				C	ompliance	Notice	?	<u>Public N</u>	otifi	<u>cation</u>		PN Cei	<u>rtification</u>	
Violation/Situa					Period	Tier		Required		erforme	d	Due to DPF	I Received	
90th Percentile	Copper Exc	eedance		1/1,	/18 - 6/30/18	2		8/26/2018				9/5/2018		
		Water 9	System I	acil	ity and Sar	npling	Po	int Inve	nto	ory				
Water			. "						otal					
System Water Facility ID	er System F	acility	Sampling ID	Point	Sampling Poil Description	nt			iforr Rule				Stage WQP 2 DBPR	
00600 DISTI	RIBUTION S	YSTEM	2C-11	32	2C 2ND FLOO	R/1		Α		2				
			2C-11	61	2C PO4/ZN			Α	Υ	2		Υ		
			2C-20	2	BLDG #2C 2NI) FL/1		Α	Υ	2				
			2C-21	06	2C 2ND FLOO	R/3		Α		2				
			2C-21	09	2C 2ND FLOO	R/3		Α		2				
			2C-21	35	BLDG #2C 2NI) FL/2		Α	Υ	2				
			2C-21	36	2C 2ND FLOO	R/2		Α	Υ	2				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

2C-2137

DOWNSTREAM WITHIN 5 SERVICE CON

2C 3RD FLOOR

DISTRIBUTION SYSTEM

WITHIN 5 SERVICE CON

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2

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2C-2137

2C-3127

4

UPSTREAM

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Classification Population Owner			Owner Type	Primary Source				
CT0949063	NEWINGTON VA MEDICAL CENTER-BUILDING	G 2C		NTNC		80	F	SWP				
Local Address (v	Service	Residential		Commerci	al Industri	al Combine	ed Agricultural					
555 WILLARD AV	Connections			1								

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEWINGTON

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		age DBPR			
00700	TREATMENT PLANT	3	TREATMENT PLANT	Α								
58542	INTERCONNECTION - (MDC)											

Certified Operator Information

	•										
Water System Facility: TREATMENT PLANT (WSF ID: 00700)											
Facility Classification: CLASS 1 TREATMENT PLANT											
Operator Name	Operator Type	Certification(s)	Expiration								
HARKINS, STUART A.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2019								
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2019								
WITTENZELLNER, ROBERT	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS III	9/30/2021								
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2019								
	Contact Information										

			C	ontact int	ormation					
Name		Organization	1		Job Title					
Mr. Alfred Montoy	a	Va CT Health	ncare System		Assitant Director					
Mailing Address Lin	e One	ress Line Two			City	State	Zip Code			
555 Willard Avenue		Newingt			ewington		06111			
Business Phone	Extension	Fax	Мо	bbile Phone Emergency Phone Email A			Address			
860-666-6785		860-667-6	5764		203-500-2983	alfred.m	ontoya@va	.gov		
Contact Role(s): Le	gal Contact									
Name		Organization	1	Job Title						
Mr. Daniel T. Wood	1	Va CT Health	care System	Gems Program Manager						

	Mr. Daniel T. Wood	l			Va CT Health	care System		Gems Program Manager		
	Mailing Address Line	e One		Mailing Add	dress Line Two		City		State	Zip Code
	555 Willard Avenue						Newington		CT	06111
	Business Phone Extension Fax		N	1obile Phone	Emergency Phone	Email Ac	ldress			
860-666-6951 6952 860-666-6			6832		475-355-5029	Daniel.Wood2@VA.gov				

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule